

# Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500 Fax: (225) 755-7581 or (225) 612-7005

[www.lsbnp.state.la.us](http://www.lsbnp.state.la.us)

## Disaster Permit Affidavit

Please fax to (225) 755-7581, or (225) 612-7005 if primary number is down, with copy of valid Driver's License and proof of current licensure in another state. Upon receipt of fax transmission, practice is authorized unless otherwise notified. Verification of processed affidavit is available on LSBN website: [www.lsbnp.state.la.us](http://www.lsbnp.state.la.us)

### I. CURRENT INFORMATION

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

State of Licensure: \_\_\_\_\_ License #: \_\_\_\_\_ Profession: \_\_\_\_\_ RN \_\_\_\_\_ APRN

Louisiana Address (if available): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Site and Duration of Practice of Louisiana:

Hospital or Agency/ Site: \_\_\_\_\_

Hospital Contact Name and Phone #: \_\_\_\_\_

Anticipated Duration: \_\_\_\_\_

### II. COMPLIANCE QUESTIONS

YES \_\_\_\_\_ 1. Been arrested, charged with, convicted of pled guilty or no contest to, or been sentenced for any criminal offense, including all misdemeanors and felonies in any state/country?

YES \_\_\_\_\_ 2. Had any voluntary surrender, disciplinary action, consent order or settlement agreement imposed or is any disciplinary action, consent order, or settlement agreement imposed or is any disciplinary action pending on your license in any state (including Louisiana)/country or jurisdiction? Have you had other than an honorable discharge from the military?

YES \_\_\_\_\_ 3. Been named in a civil/malpractice case relating to your employment as a nurse? Have you been reported to the National Practitioner Data Bank? Have you had clinical privileges suspended, revoked or limited?

YES \_\_\_\_\_ 4. Has a physical, mental or emotional condition that might affect your ability to practice safely as a registered nurse?

I, \_\_\_\_\_ affirm that I am the person referred to in this application for disaster permit as a Registered Nurse in the State of Louisiana; that the statements herein contained are true in every respect; that I have complied with all requirements of the law; and that I have read and understand this affidavit. Falsification of any information contained in this application may result in denial of disaster permit and/or board disciplinary action.

**NOTE: Attach copy of picture identification and proof of licensure in another state.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form Date: 8/28/08**